

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**09/857 826**

FILING DATE

APPLICANT(S)

10-19-03 5-6-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2						
3						
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47						
48						
49						
50						
TOTAL IND.	2		2		2	
TOTAL DER.	17		18		18	
TOTAL CLAIMS	20		20		20	

	1		2		3	
	IND.	DER.	IND.	DER.	IND.	DER.
51						
52						
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95						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

2

CLAIMS ONLY							Application Number 09/857,886		Filing Date			
							Applicant(s)					
70-26-04							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
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18							68					
19							69					
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33							83					
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35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	10						Total Depend					
Total Claims	12						Total Claims					